

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Dementia - diagnosis

Dementia is a clinical syndrome that is caused by a number of underlying diseases. It is a chronic, progressive and life-limiting. Dementia affects a range of cognitive and physical functions, including memory, ability to initiate action, social function, activities of daily living and emotional control. No two people experience dementia in the same way. Registrars are likely to have had minimal exposure to this aspect of practice. This is the first of two teaching plans on dementia – the other is on management.

TEACHING AND LEARNING AREAS

- Types of dementia (seven-minute video)
- Prevalence and risk factors
- Case finding versus screening for dementia
- Clinical features and appropriate clinical examination
- Tools for assessing cognitive impairment - Standardised Mini-Mental State Examination, the General Practitioner Assessment of Cognition and the clock drawing test
- Assessment of patients from Aboriginal and Torres Strait, or CALD backgrounds
- The domains and stages of dementia
- The three 'Ds' of differential diagnosis - delirium, depression and drugs
- Investigations for reversible causes of cognitive decline
- Indications for referral and local pathways

PRE- SESSION ACTIVITIES

- Read the RACGP Silver Book section on dementia

TEACHING TIPS AND TRAPS

- Population-based screening for dementia is not recommended by guidelines
- Symptoms should be investigated the first time they are reported and not dismissed as 'a normal part of aging'
- Diagnosis of dementia is made primarily on history, including collaborative history
- There are many other causes of cognitive impairment other than dementia - examination and investigations are primarily to exclude other causes
- Poor performance of cognitive testing alone does not make a diagnosis of dementia
- Deterioration of cognitive scores over time is a useful sign
- Consider drugs which can cause an acute change in mental status in elderly
- Attention to carers' needs improves outcomes for person living with dementia

RESOURCES

Read

- Clinical guidelines for Dementia from the Cognitive Decline Partnership Centre
- 2016 AFP article Clinical Practice Guidelines And Principles of Care For People With Dementia In Australia - a summary of the Dementia guidelines
- Read the AJGP article Office-based assessment of cognitive impairment

Listen

- Diagnosing dementia in general practice

Watch

- GP Consent Collaborative History
- GP Conveying Dementia Diagnosis
- Detection of dementia in General Practice

FOLLOW UP & EXTENSION ACTIVITIES

- RACGP gplearning - Identifying People with Dementia
- Review your local Health Pathways on Dementia and Cognitive Impairment



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Clinical Reasoning Challenge

Anna is a 75-year-old retired school teacher who attends for her influenza vaccine with her daughter Sophie. Anna lives on her own but Sophie lives close by and pops in most days to see her.

Anna has hypertension, diabetes and osteoarthritis of both knees. She is on perindopril, metformin and tramadol. She takes the occasional temazepam if she can't sleep at night.

Sophie has noticed that over the past 12-18 months Anna has been repeating the same questions and has been muddling up her bills. She has also been neglecting her garden and has stopped going to her bridge meetings. Occasionally when Sophie visits, she notices that the oven has been left on.

QUESTION 1. What is the most likely diagnosis for Anna? (List ONE diagnosis)

QUESTION 2. What are the most important differential diagnoses to consider? (list up to THREE)

1

2

3

QUESTION 3. What are the most important investigations to exclude other causes of Anna's symptoms?



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ANSWERS

QUESTION 1

What is the most likely diagnosis for Anna?

- Dementia (AD or vascular)

QUESTION 2

What are the most important differential diagnoses to consider? (list up to THREE)

- Depression (grief reaction)
- Delerium
- Adverse drug effect

QUESTION 3

What are the most important investigations to exclude other causes of Anna's symptoms?

- FBC
- UEC
- TSH
- LFT
- MSU for MC S
- Vitamin B12
- Calcium
- Folate
- HBA1c
- Syphillis serology
- HIV
- CT or MRI brain
- CXR

Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: admin@gpsa.org.au, W: gpsa.org.au
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